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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/223,764 08/08/2000

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** FOREIGN APPLICATIONS *****

(NONE)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/18/2001

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 0	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

21831
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TITLE

Children's income protection and benefit health insurance policy and method of underwriting the same

FILING FEE RECEIVED 409	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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